

Missouri Department of Natural Resources
MISSOURI PROJECT WET
WORKSHOP PROPOSAL

Name_____

Address_____

City_____ State_____ Zip_____

Work phone_____ Home phone_____

Date(s) of proposed workshop_____

Times_____ Location_____

Facilitators_____

Audience represented_____

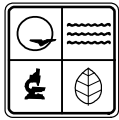
Estimated number of participants_____

Number of guides needed_____ **Call Coordinator (two weeks prior to your workshop)**
to confirm the number of guides. This will ensure timely delivery of your guides.

Proposed workshop agenda (Use the back of this page or attach another page.)

Return form to: **Missouri Department of Natural Resources**
Missouri Project WET
Outreach and Assistance Center
P.O. Box 176
Jefferson City, MO 65102
(573) 751-3131 or
(800) 361-4827

E-Mail: nrpittj@mail.dnr.state.mo.us



Missouri Department of Natural Resources Missouri PLT, WILD and WET Participant Survey Form

Thank you for your interest in the Missouri Projects. Be sure to include your name and address if you would like to receive *The Resource*, Missouri's newsletter for environmental educators.

Type of workshop (please circle): Project Learning Tree Project WILD Project WET

Name: _____

School/Organization: _____

Mailing Address: _____

City/State/Zip: _____

Workshop Date: _____ Workshop Location: _____

Workshop Facilitators: _____

How did you learn about this workshop? _____ School Admin. _____ Contact by Project staff _____ Publication _____ Professional Organization _____ Teacher _____ Through Students _____ Exhibit _____ Other (specify) _____

At what grade level(s) will you use this workshop? _____ Pre K _____ K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th _____ College Course _____ PreK-12

In what subjects will you use this workshop? _____ Science _____ Math _____ Language Arts _____ Social Studies _____ Visual Arts _____ Physical Ed _____ Performing Arts _____ Other (specify) _____

How often do you think you will use these activities? _____ Weekly _____ Monthly _____ Several times a year

Please check here if you do not plan to use this workshop. _____

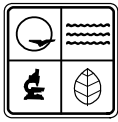
Please help us plan future workshops by rating the workshop you just completed:

- | | |
|--|---|
| 1. The objectives of the workshop were clear to me. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 2. The objectives were important to me. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 3. Workshop materials are appropriate for my needs. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 4. The workshop activities were relevant to me. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 5. The resource materials provided will be helpful when I teach about the environment. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 6. The facilitators were well-prepared. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 7. The facilitators were enthusiastic and pleasant. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 8. The workshop was well-organized. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 9. The information, strategies and instructional methods shared during the workshop were helpful to me. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 10. The facilities and amenities (setting, breaks, etc.) were suitable for the purposes of the workshop. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |
| 11. The workshop met my needs. | Strongly Disagree <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u> <u> 5 </u> Strongly Agree |

Any other comments: _____

_____ Check here if you are interested in becoming a Project facilitator.

_____ Check here if you are interested in the High School Modules (PLT workshops only)



Missouri Department of Natural Resources
MISSOURI PROJECT WET
FACILITATOR SURVEY FORM

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

PROJECT WET WORKSHOP INFORMATION

Workshop date(s) _____ Location _____

Length of time _____ Number of participants _____

1. Briefly outline your workshop format, including which activities you used.
2. Summarize the expenses and revenues involved in your workshop. Include any local support and any in-kind services from local agencies or industries.
3. Tell us your overall view of the workshop -- include problems and successes and your assessment of the participants' responses.
4. I would _____ would not _____ be interested in facilitating another Project WET workshop because _____
5. Number of Participant Survey Forms attached _____



Date

PRINT ALL INFORMATION!!

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